

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 101 785 496  
APPLICANT(S)

FILED DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		2		2		
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TOTAL IND.	4		4			
TOTAL DEP.	9		9			
TOTAL CLAIMS	12		12			

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